

Louisiana Office of Telecommunications Management

Domain Name Service Request Form (OTM-39)

[Click Here for Instructions](#)

Date _____

Site Information

Name of Organization _____

Address _____

Name of Administrative or Onsite Contact _____ Email _____ Phone _____

Name of Technical Contact _____ Email _____ Phone _____

Request

- | | |
|--|---|
| <input type="checkbox"/> New Domain | <input type="checkbox"/> Modify Primary Name Server |
| <input type="checkbox"/> Remove Domain | <input type="checkbox"/> Modify Secondary Name Server |

Comments

Server Information

Fully-Qualified Domain Name _____

Primary Domain Name Server Host Name _____

Primary Domain Name Server IP Address _____

Secondary Domain Name Server Host Name _____

Secondary Domain Name Server IP Address _____

If this request concerns an *la.gov* subdomain:

Does your agency intend to use "agency.la.gov" for email? ☐ Yes ☐ No

Is your agency within the Louisiana Secure Intranet (LSI)? ☐ Yes ☐ No

If your agency does reside within LSI:

Do you participate in the LSI Active Directory Forest? ☐ Yes ☐ No

Do you participate in or plan to participate in the Statewide Email service? ☐ Yes ☐ No

Save the form in Microsoft Word. Email a copy of the saved form to otm-noc@listserv.doa.la.gov.

Or, you may fax the completed form to OTM at 225-219-4867.

For assistance in completing the form, contact Enhanced Network Services at 225-219-4860